

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	09/269,618	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2						
3	12					
4	2					
5	10					
6	5					
7	10					
8	51					
9	10					
10	51					
11	10					
12	51					
13	/					
14	/					
15	10					
16	51					
17	10					
18	51					
19	10					
20	51					
21	10					
22	51					
23	10					
24	51					
25	10					
26	51					
27	10					
28	/					
29	/					
30	10					
31	51					
32	10					
33	51					
34	10					
35	51					
36	10					
37	51					
38	10					
39	51					
40	10					
41	51					
42	10					
43	51					
44	10					
45	51					
46	10					
47	51					
48	10					
49	/					
50	/					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*	*	*
IND.	DEP.	IND.
51	10	
52	51	
53	10	
54	1	
55	1	
56	1	
57	12	
58	51	
59	0	
60	0	
61	1	
62	1	
63	1	
64	0	
65	10	
66	51	
67	10	
68	51	
69	10	
70	0	
71	0	
72	0	
73	1	
74	51	
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99		
100		
TOTAL IND.	10	
TOTAL DEP.	58	
TOTAL CLAIMS	168	

Best Available Copy